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Bib Data Sheet

CONFIRMATION NO. 4336

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/036,861 | <b>FILING DATE</b><br>12/21/2001<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2664 | <b>ATTORNEY DOCKET NO.</b><br>8285/490 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/119,094 07/20/1998 PAT 6,370,149

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/04/2002

|  |                               |                             |                           |                                |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>13 | <b>TOTAL CLAIMS</b><br>17 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged  | Examiner's Signature          | Initials                    |                           |                                |

**ADDRESS**

Kent E. Genin  
BRINKS HOFER GILSON & LIONE  
P.O. BOX 10395  
CHICAGO ,IL 60610

**TITLE**

Telecommunication system, method and subscriber unit for use therein

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>870 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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|                                   |   | <input type="checkbox"/> Other _____                           |
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